



THE COMMONWEALTH OF MASSACHUSETTS

**Division of Occupational Safety**

19 Staniford Street, 2<sup>nd</sup> Floor

Boston, MA 02114

Phone: 617-626-6960

Fax: 617-626-6965

[www.mass.gov/dos](http://www.mass.gov/dos)

APPLICATION FOR LICENSURE AS A

**LEAD TRAINING  
PROVIDER**

(In accordance with the provisions of  
M.G.L. c. 111, § 189A-199B and 454 CMR 22.00)

**- FOR DOS USE ONLY -**

☐ Initial Application

License # \_\_\_\_\_

☐ Renewal Application

Issue Date \_\_\_\_\_

☐ Duplicate Application

Reviewer \_\_\_\_\_

**-CHECK ALL THAT APPLY-**

Deleader-Worker Initial	Deleader-Worker Refresher	Spanish Deleader-Worker Initial
Deleader-Supervisor Initial	Deleader-Supervisor Refresher	Spanish Deleader-Worker Refresher
Lead-Safe Renovator-Supervisor Initial	Lead-Safe Renovation-Supervisor Refresher	
Lead-Safe Renovator-Supervisor - Moderate Risk Deleading Option		

Please complete all sections below by printing or typing the required information, attaching all required documentation and signing the application.

**1. APPLICANT**

Business Name \_\_\_\_\_

Telephone Number (\_\_\_\_) \_\_\_\_\_ E-mail address: \_\_\_\_\_

Website Address: www. \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_

Business Location (Street) \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

FEDERAL IDENTIFICATION NUMBER \_\_\_\_\_

**2. THE APPLICANT IS: (Check applicable box)**

<input type="checkbox"/>	Individual/Sole Proprietorship	<input type="checkbox"/>	Unincorporated Association
<input type="checkbox"/>	Corporation or Limited Liability Corporation (LLC)	<input type="checkbox"/>	Partnership, Limited Partnership (LP) or Limited Liability Partnership (LLP)
<input type="checkbox"/>	Other (Specify-i.e. Housing Authority, Town, School, etc.)	<input type="checkbox"/>	State, federally recognized Indian Tribe, local government or non-profit organization

**3. LIST ALL NAMES UNDER WHICH APPLICANT CONDUCTS OR INTENDS TO CONDUCT TRAINING**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4.

**ATTACHMENTS TO BE SUBMITTED WITH THE APPLICATION:**

*Use additional paper if necessary and attach to application.*

- a. \_\_\_\_\_ List of training courses per 454 CMR 22.00 which applicant intends to offer and seeks certification to conduct, including both initial and refresher training courses.
- b. \_\_\_\_\_ A course outline showing topics covered and the amount of time given to each topic.
- c. \_\_\_\_\_ A copy of the course manual, including all printed material to be distributed in the course.
- d. \_\_\_\_\_ A description of teaching methods to be employed, including a description of audio-visual aids to be used.
- e. \_\_\_\_\_ A description of the hands-on facility to be utilized, including protocols for instruction, the number of students to be accommodated, and the number of instructors.
- f. \_\_\_\_\_ A description of the equipment that will be used in classroom lectures and in hands-on training.
- g. \_\_\_\_\_ A list of names and qualifications of the persons who will provide the training in each course, including verifiable documentation of their education, training and experience.
- h. \_\_\_\_\_ An example of the written examination to be given in each course for which approval is sought.
- i. \_\_\_\_\_ When applying for approval to offer a course in a language other than English, a signed statement from a qualified, independent translator that the course was compared to the English language version and found to be accurate.
- j. \_\_\_\_\_ A list of tuition or other fees required.
- k. \_\_\_\_\_ A copy of the certification given to course participants upon completion of the course.
- l. \_\_\_\_\_ A list of student to instructor ratios to be maintained in hands-on and classroom training sessions.
- m. \_\_\_\_\_ A list of all states and federal agencies which have certified, accredited or given other forms of approval to the applicant to provide lead training, including the name, address and telephone number of the person, department, or agency giving such approval, and copies of all such written approvals received.
- n. \_\_\_\_\_ A certificate of insurance or a letter of binder from an insurance carrier indicating that the lead training activity to be performed by the applicant is covered by a current workers' compensation policy or self-insurance program acceptable to the Commonwealth or a notarized statement that the training provider has no employees.
- o. \_\_\_\_\_ Copies of all notices of violation or other citations issued against the applicant or business by any government agency concerning lead related work you performed in the two (2) years prior to the date of application. Copies must clearly indicate the issuing agency or department, the date of issue, and nature of the notice or citation. Attach a brief statement outlining the final disposition of each notice or citation.

5. With respect to the business named in this application, provide the following documentation:

- ***Sole Proprietorships, Partnerships, LP, LLP*** - A Business Certificate issued by the city or town in which the business is located.
- ***Unincorporated Association*** - A Business Certificate issued by the city or town in which the company is located.
- ***Corporation or Non-Profit Corporation*** - A copy of the Corporate Articles of Organization or Foreign Corporation Certificate (Annual Report if renewal) and Certificate of Good Standing issued by the Secretary of the Commonwealth of Massachusetts.
- ***LLC*** - A Certificate of Organization (Annual report for renewal) and Certificate of Good Standing issued by the Secretary of the Commonwealth of Massachusetts.

6.

**A money order or certified bank check, payable to the Commonwealth of Massachusetts in the amount of the entire annual fee of \$1,775.00 for initial or renewal license, or \$45.00 for a duplicate license.** If the Commissioner denies, revokes, suspends or refuses to renew a license for reasons specified in 454 CMR 22.15, the application fee payment is not refundable.

In accordance with 801 CMR 4.02, the fee is waived (**\$75 surcharge still applies**) for Lead Training Providers who are a State, federally recognized Indian Tribe, local government or non-profit organization and who are seeking approval to offer only Lead-Safe Renovator-Supervisor training courses (initial or refresher).

**7. PAYMENT OF TAX OBLIGATIONS & STATEMENT OF COMPLIANCE**

I, \_\_\_\_\_, \_\_\_\_\_, do  
PRINT NAME PRINT TITLE

hereby certify, that my business has complied with all laws of the Commonwealth of Massachusetts relating to: taxes, reporting of employees and contractors, and withholding and remitting of child support (M.G.L. c. 62C, § 49A(a)); unemployment insurance contributions (M.G.L. c. 151A, § 19A(a)); unemployment health insurance contributions (M.G.L. c. 151A, § 14G(e); and fair share employer contributions (M.G.L. c. 149, § 188(d)).

I further state, that I have read and understand the Commonwealth of Massachusetts Deleading Regulations, 454 CMR 22.00, as most recently amended and that the applicant will comply with the requirements in accordance with Section 22.07.

I further state that this application is prepared in conformity with 454 CMR 22.00 and that all information contained herein, including any supplements attached hereto, is true and correct to the best of my knowledge and belief, and I understand that any false answer(s) will be considered just cause for denial of application or revocation of license. I further understand that information contained within this application can and will be verified using resources available to DOS.

**Signed under the penalties of perjury.**

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

**8. RENEWAL OF LICENSE**

Training Provider Licenses shall be valid for a period of one year from the date of issuance. The Commissioner may renew a Training Provider License, provided the current license holder submits a renewal application at least 30, but not more than 60, calendar days before the expiration of the current license. Applications received later than 30 calendar days before the expiration of the current license will be processed in the normal course of business, which may result in the license being renewed after its expiration date. Said renewal application shall include:

- (a) A completed application form.
- (b) Written confirmation or disclosure of any changes in the information originally submitted pursuant to 454 CMR 22.07(1)(a) thru (k).
- (c) A money order or certified bank check, payable to the Commonwealth of Massachusetts, in the amount of the entire annual fee of \$1,775.00. If the Commissioner denies the license for reasons specified in 454 CMR 22.04(2), the payment is not refundable.

**Please forward your completed application to:**

**Division of Occupational Safety  
Licensing & Regulations Unit  
19 Staniford Street, 2<sup>nd</sup> Floor  
Boston, MA 02114**

**FOR OFFICIAL USE ONLY**

	ITEMS APPROVED BY:		DATE:	
FEE RECEIVED				
WORKERS COMPENSATION				
ART OF ORG/ANNUAL REPORT				
COPIES OF ALL VIOLATIONS				
SERVICES APPROVED	Deleading Contractor/Supervisor Initial		Deleading Contractor/Supervisor Refresher	
	Deleader-Worker Initial		Deleader-Worker Refresher	
	Spanish Deleader-Worker Initial		Spanish Deleader-Worker Refresher	
	Lead-Safe Renovator-Supervisor Initial		Lead-Safe Renovator-Supervisor Refresher	
	Lead-Safe Renovator-Supervisor – Moderate Risk Deleading Option			
APPL. COMPLETE - OK TO ISSUE				